

ISF066

C 06/06

**INTEGRATED STATEWIDE INFORMATION SYSTEMS  
LEO AGENCY CONTACT  
SETUP / CHANGE FORM**

**DEPT NO:** \_\_\_\_\_

**AGY / PERSONNEL AREA:** \_\_\_\_\_

**AGY / ORGANIZATION / DEPT NAME:** \_\_\_\_\_  
*(Agency, Organization or Department Name Where Contact is Employed)*

**CONTACT INFORMATION:**

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Messenger Mail:** ☐ Yes ☐ No

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

*Select appropriate LEO support role(s):*

☐ General LEO Support - Primary

☐ ISIS Travel Support – Primary

☐ General LEO Support - Alternate

☐ ISIS Travel Support – Alternate (optional)

☐ Online Time Support - Employee Entry

**AGENCY(S) / PERSONNEL AREA(S) RESPONSIBLE FOR:** *(List each agency / personnel area for HR role selected above)*

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

For information concerning submission of completed forms:  
<http://www.doa.louisiana.gov/OIS/service/forms/submission.htm>